



DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
VOCATIONAL AND ADULT EDUCATION

P.O. Box 480, Jefferson City, Missouri 65102-0480

Check Appropriate Box

Number 60-920-001

Form FV-1 (Salary)

☐ 1<sup>st</sup> Sem ☐ 2<sup>nd</sup> Sem ☐ Summer ☐ Full Year

**ADULT AND POSTSECONDARY SALARY BUDGET  
FOR VOCATIONAL EDUCATION PROGRAMS**

**FOR STATE OFFICE USE ONLY**

District Code		Ph. Number			
District Name					
Mailing Address					
Source	(1) Program Code	(2) Staff Members Name	(3) Amount	(4) Months Employed	(5) Time Devoted To This Program
		Social Security No.			
(6) Assignments		1			
(List Course Name or Other)		2			
		3			
		4			
		5			
		6			
		Social Security No.			
(6) Assignments		1			
(List Course Name or Other)		2			
		3			
		4			
		5			
		6			
		Social Security No.			
(6) Assignments		1			
(List Course Name or Other)		2			
		3			
		4			
		5			
		6			
		Social Security No.			
(6) Assignments		1			
(List Course Name or Other)		2			
		3			
		4			
		5			
		6			
		Social Security No.			

We hereby certify that the information reported herein is correct to the best of our knowledge and belief.

School Administrator \_\_\_\_\_

Date Signed \_\_\_\_\_